

UNITED STATES HOUSE OF REPRESENTATIVES

FORM B

FINANCIAL DISCLOSURE STATEMENT

For New Members, Candidates, and New Employees

Name: JAMES THOMAS MAXWELLDaytime Telephone: -

FILER STATUS



New Member of or Candidate for U.S. House of Representatives

State: NEW YORK District: 25Candidates - Date of Election: 11/6/18

Check if Amendment



New Officer or Employee

Employing Office: - Staff Filer Type (If Applicable): ☐ Shared ☐ Principal AssistantPeriod Covered: January 1, - to -

A \$200 penalty shall be assessed against any individual who files more than 30 days late.

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

18 MAY 17 AM 11:52

LEGISLATIVE RESOURCE CENTER

MAY 09, 2018

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PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

A. Did you, your spouse, or your dependent child:

- a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or
b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?

Yes ☒ No ☐

E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?

Yes ☒ No ☐

- C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?

Yes ☒ No ☐

F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?

Yes ☐ No ☒

- D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?

Yes ☐ No ☒

J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?

Yes ☒ No ☐

ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"

THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS

TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?

Yes ☐ No ☒

EXEMPTION - Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.

Yes ☐ No ☒

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Use additional sheets if more space is required.

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name:

James Thomas Mankin

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BLOCK A		BLOCK B													BLOCK C								BLOCK D																							
Assets and/or Income Sources		Value of Asset													Type of Income								Amount of Income																							
SP, DC, JT	ASSET NAME	A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	Current Year												Preceding Year											
		None	\$1-\$1,000	\$1,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$250,000	\$250,001-\$500,000	\$500,001-\$1,000,000	\$1,000,001-\$5,000,000	\$5,000,001-\$25,000,000	\$25,000,001-\$50,000,000	Over \$50,000,000	Spouse/DC Asset over \$1,000,000*									I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII
	NYS-589 D-3																																													
	JP Morgan Aggressive			X																	X																									
	NYS-529 D-4			X																	X																									
	JP Morgan Aggressive			X																	X																									
	CHASE CHECKING			X																	X																									
	National Alliance Life																				X																									
	SEI Inst. Mkt. PR.			X																	X																									
	LOAN CAMPBELL							X													X																									
	HEALTH TECHNOLOGIES																				X																									
	WEST HENRIETTA NY																																													
	Computer MEDICAL																				X																									
	Information Systems																				X																									

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Name: JAMES THOMAS MAXWELL Page 6 of 9

Use additional sheets if more space is required.

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name:

JAMES THOMAS MAXWELL

Page

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Assets and/or Income Sources		Value of Asset													Type of Income								Amount of Income																							
SP, DC, JT	ASSET NAME	A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Current Year												Preceding Year												
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	72A (BENEFITS)																																													
	SP MORGENTHAU SWP			X																																										
	ISHARES EIT			X	X																																									
	ISHARES M1A4			X	X																																									
	SPDR S&P 500					X																																								
	NATIONAL TRUST RGT			X																																										
	BLACKROCK IND					X																																								
	BRUNNEN STRAT EURO					X																																								
	BRUNNEN VANGUARD					X																																								
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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: James Thomas Maxwell Page 8 of 9

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	IRA CONTINUED																																													
	WIND HANCOCK INC FD																																													
	WALKER HSE. INTL																																													
	TD MORGAN TR II COGE																																													
	CD MORGAN TR US EA																																													
	MMS INTL TR																																													
	MMS SEA TR EMEAL																																													
	MMS SEA INTL																																													
	MANHATTAN HIGH YLD																																													
	PIMCO INVEST CREDIT																																													
	PIMCO TOTAL RET.																																													
	PIMCO SHORT TERM																																													
	TRP NEW INC. FUND																																													
	PANAMUND INDEX																																													
	PANAMUND FIXED INC.																																													
	PANAMUND TRP INTL BD																																													

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Use additional sheets if more space is required.

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Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. **Exclude:** Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. **New Members and second-year candidates** report positions held in the reporting period and the current calendar year. **First-year candidates and new employees** report positions held in the current calendar year and two previous years.

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SCHEDULE F - AGREEMENTS

Name:

JAMES THOMAS MAXWELL

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Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties to Agreement	Terms of Agreement

SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

Source (Name and City/State)		Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate		Accounting Services
MAXWELL BOEY MEDICAL GROUP LLC		
ROCHESTER NEW YORK		NEUROSURGEON
ROCHESTER GENERAL HOSPITAL		NEUROSURGEON
ROCHESTER NEW YORK		